

# Application Data Sheet

## Application Information

<b>Application number:</b>	10/520,965
<b>Filing Date:</b>	
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CRF:</b>	
<b>Title:</b>	A FORCE SENSOR SYSTEM FOR USE IN MONITORING WEIGHT BEARING
<b>Attorney Docket Number:</b>	AMDL-0050
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	n/a
<b>Total Drawing Sheets:</b>	9
<b>Small Entity?:</b>	Yes
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Israel  
**Status:** Full Capacity  
**Given Name:** Arik  
**Middle Name:**  
**Family Name:** Avni  
**Name Suffix:**  
**City of Residence:** Meitar  
**State or Province of Residence:**  
**Country of Residence:** Israel  
**Street of mailing address:** 76 Yatir Road  
**City of mailing address:** Meitar  
**State or Province of mailing address:**  
**Country of mailing address:** Israel  
**Postal or Zip Code of mailing address:** 85025

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Israel  
**Status:** Full Capacity  
**Given Name:** Lior  
**Middle Name:**  
**Family Name:** Bar-Nes  
**Name Suffix:**  
**City of Residence:** Lehavim  
**State or Province of Residence:**  
**Country of Residence:** Israel  
**Street of mailing address:** 5 Rakefet Street  
**City of mailing address:** Lehavim  
**State or Province of mailing address:**  
**Country of mailing address:** Israel  
**Postal or Zip Code of mailing address:** 85338

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Israel  
**Status:** Full Capacity  
**Given Name:** Ronit  
**Middle Name:**  
**Family Name:** Frideman  
**Name Suffix:**  
**City of Residence:** Lehavim  
**State or Province of Residence:**  
**Country of Residence:** Israel  
**Street of mailing address:** 27 Lilit Street  
**City of mailing address:** Lehavim  
**State or Province of mailing address:**  
**Country of mailing address:** Israel  
**Postal or Zip Code of mailing address:** 85338

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/395,127	July 11, 2002

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## Assignee Information

<b>Assignee name:</b>	Andante Medical Devices Ltd.
<b>Street of mailing address:</b>	15 Yehoshua Hatsoref Street, P. O. Box 844
<b>City of mailing address:</b>	Beer-Sheva
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Israel
<b>Postal or Zip Code of mailing address:</b>	84106